Knox Community Hospital Auxiliary

The purpose of the Knox Community Hospital Auxiliary is to render service to Knox Community Hospital and its patients and to assist Knox Community Hospital in promoting the health and welfare of the community in accordance with the mission and vision established by the institution.

In furtherance of this purpose, the Auxiliary has established Health Career Scholarships available to Knox County high school seniors of good moral character, sound citizenship, above average scholarship, a student of Knox County schools, Knox County residents attending the Knox County Career Center.

Candidates will be screened and selected by the Scholarship Committee of the Knox Community Hospital Auxiliary. Applications are due in the Guidance Department of the schools listed above by **March 9, 2020** to be forwarded to Mrs. Cathy Windsor, Volunteer Coordinator, Knox Community Hospital, 1330 Coshocton Road, Mount Vernon, OH 43050, by **March 16, 2020**. Mrs. Cathy Windsor will then forward these applications to the Scholarship Committee of the Knox Community Hospital Auxiliary.

The following procedures will apply:

1. The Guidance Departments of the above listed schools in Knox County will be notified of the scholarships and asked to announce the availability to seniors. All applicants must have the endorsement of the applicant’s guidance counselor or school principal.

2. In order to receive one of the scholarships, the recipient must be officially accepted at and enrolled in an accredited post secondary institution within six months from the date of the application. The scholarship checks will be made out to the recipients and the institutions in which the recipients are enrolled. If the students do not begin school at the designated time, the full award must be returned to the Knox Community Hospital Auxiliary.

3. The finalists will be selected by the Scholarship Committee and invited for an interview by that committee. The winners will be selected from this group of finalists.

4. Awards are made without regard to race, color, creed, sex, or the institution to which the applications have been made.
School Year 2019-2020

Knox Community Hospital Auxiliary
Application for Health Career Scholarships

Instructions: Please complete Part I including two additional references and return to your guidance counselor, no later than March 9, 2020 and forward to Mrs. Cathy Windsor, Volunteer Coordinator, Knox Community Hospital, 1330 Coshocton Road, Mount Vernon, OH 43050, by March 16, 2020. Mrs. Windsor will forward all applications to the Scholarship Committee. PLEASE PRINT THE APPLICATION. Candidates selected for finalist status will be invited for an interview with the Committee.

Be sure to fill in each blank. Failure to do so will void the application.

*Do not use pencil. Black Ink Preferred*

PART I

Name: ___________________________ School: ___________________________

Address: ___________________________ Email: ___________________________

City: ___________________________ Zip Code: ___________________________

Phone #: area code ( ) __________ Cell #: ___________________________

Date of Birth: ___________________________

Father’s Name: ___________________________ Occupation: ___________________________

Mother’s Name: ___________________________ Occupation: ___________________________

List below the names and ages of brothers and sisters in the home or attending college or post high school, vocational, or technical school:

_________________________________________ ___________________________

_________________________________________ ___________________________

List names of other persons dependent upon your father and mother:

_________________________________________ ___________________________

Accredited institution you plan to attend: ___________________________

Have you applied? __________ Are you accepted? ___________________________

Anticipated health career area: ___________________________
School Year 2019-2020

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PART I (continued)

Please provide the following information which the committee will review when considering your application. It is important that you use BLACK INK as applications will be reproduced for each committee member AND that all items are included. Incomplete information is NOT evaluated.

1. List of all scholarships for which you have applied. List of any scholarships you have received and the amounts.
2. Approximate costs of school you plan to attend.
3. List of activities that you have participated in and any awards/honors received. Include school, church, sports, 4H, community activities.
4. Your employment record including hours worked.
5. Two letters of recommendations
   a. One from science or health technology instructor, and
   b. One from someone other than teacher or guidance counselor.
7. Record from guidance counselor of attendance and tardies, class ranking and SAT score if this is not on transcript.
8. Handwritten (in BLACK INK) essay. This should address why you have chosen your career goal, why you need scholarship money and any information you think the committee needs to consider. Essay should not be more than 2-3 pages in length.